**NOTE 3**

**PATIENT 1002**

**DATE: 3/06/20**

**Date of Procedure: 03/06/2020**

**Age: 17 days (GA: 27 weeks 4 days)**

**Pre-Procedure Diagnosis: Left CDH, extreme prematurity**

**Post Procedure Diagnosis: Same**

**Procedure: Open left CDH repair, Ladd procedure for malrotation (without appendectomy)**

**Procedure Performed By: Earhart**

**Assistant(s): Chi, Darla**

**Anesthesia: GETA**

**IV Fluids: per anesthesia record**

**Estimated Blood Loss: per anesthesia record**

**Input and Output: per anesthesia record**

**Tubes/Drains/Packing: none**

**Findings: Left subcostal incision. Large CDH (type C defect) containing left lobe of liver, stomach, spleen, small bowel, colon. Contents reduced. Hypoplastic lung, approximately 30-40% expected size. Two stitches were able to be applied medially to healthy diaphragm tissue. The rest of defect was repaired with Goretex patch (1mm thickness, 3x4 cm), which we overlapped with the medial portion repaired primarily. Repair done with multiple interrupted 4-0 Ethibond. Anterior rim of diaphragm was more rubust; very little muscle posteriorly and essentially no muscle laterally. Lateral sutures x4-5 were through rib. Ladd procedure done for malrotation with true Ladd bands present (these were lysed) and mesentery confirmed to lie flat. Abdomen was tight so bridge of 1mm Gortex was used to close fascia. Skin able to be closed over top.**

**Specimens: none**

**Complications: none apparent**

**Patient Condition: critical**